

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   |          |        |          |
| O.I.P.E. CLASSIFIER |          | 25     | 04-13-99 |
| FORMALITY REVIEW    | 22       |        | 5/13/99  |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
 staple additional sheet here

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